

BRING THIS WITH YOU TO THE CAMPAIGN
Student Action Team Health Form

Name:	Campaign:	
Date of Birth:	Age:	Sex:
Address:		
City:	State:	Zip:
Parent/Guardian Home Phone:		
Mother's Work Phone:	Father's Work Phone:	
Emergency contact if parents/guardians cannot be reached:		

Health History

Check past medical conditions:

- ear infections
- operation/serious health problem
- heart trouble
- chickenpox
- measles
- emotional disorder

Please list any recent illnesses, such as mono, phenomina, bronchitis, etc.

Check current medical conditions:

- infections
- asthma
- diabetes
- other illness
- potential health problems
- serious behavioral issues

Allergies:

- bees
- penicillin
- certain foods
- other drugs

List food allergies:

List medications student is currently taking, including vitamins. (Prescription medicines must have a pharmacy label, including doctor's name.)

To the best of my knowledge this record of health history is correct. Student has permission to engage in all activities except as noted by myself in writing. If I cannot be reached in an emergency, I hereby give permission for the physician selected by the Student Action Team leader or his designate to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above. I understand that if my child develops specific physical or emotional needs while on the campaign, Generation Joshua reserves to right to determine the appropriateness of continued participation. Generation Joshua may require me to bring my child home.

Signature: _____ Relationship: _____ Date: _____